AUSTRALIAN SOCIETY of DENTISTRY for CHILDREN

MEMBER ASSOCIATION OF IADC

NEWSLETTER

March 1986.

## The FEDERAL PRESIDENT'S COLUMN

Doubtless it will be of interest to Paedodontists in Australia that at the 1985 Annual Session of the American Dental Association, in San Francisco, delegates approved a speciality name change from 'pedodontics' to 'Pediatric Dentistry'.

This comes a year after 'definitions' were considered by the Western Australian Dental Board. Having been consulted by the N.S.W.Dental Board at this time also, I was surprised to note the scant history of the term "Paedodontics". Pedodontics made its initial appearance in the Index of the Dental Cosmos in 1927 Vol.69. It was adopted officially by the American Dental Association House of Delegates in 1937 as "that branch of Dentistry which has for its purpose the study and treatment of children's teeth".

At this time in 1984, one colleague expressed the thought that the definition of Paedodontics was a moral issue like abortion. However, almost all those consulted considered that the American Academy of Pedodontics covered the term sufficiently for it to be used by those involved in the delivery of specialised dental treatment for children. But, one can hardly view Paedodontics as an area of practice directed only at the mouths of children. Debate as to the age limit for Paedodontic patients is at variance considering different development stages for individuals. It may be of note that the School Dental Service in New South Wales has examined senior high school students.

As you all are aware our Society adopted, in preference to Paedodontics, the term "Dentistry for Children". This allows consistency with international standards and associations but also recognises that practice of Paedodontics is not confined to specialists only, but also is within the ambit of the General Practitioner.

Also at the San Francisco meeting Dr. Stephen J. Moss, New York University Dental School, in his presentation "Dental Caries Disease in Decline", attributed the improved standard of dental health to the availability of fluoride in water as well as dentifrices and topical agents and other suggested reasons. This was not the situation in all countries. He concluded "Bring us your children, we'll turn them into a cavity-free generation".

Will it be only a short time in this country before we proclaim "the age of the caries-free, cavity-free thirty year old" - that is a complete generation of Australians?

John Lockwood.

Registered by Australia Post —
Publication No. SBG 1719.

Federal Secretary' Report

My warmest thanks to the West Australian and Queensland branches for the prompt payment of their 1986 Dues and for their lists of current members; will all other branches please follow suit without further delay. The I.A.D.C. is worrying me for our National subscription and it is not possible for me to deal with this until I know the full Australian membership: and, our own Newsletter mailing service cannot function, as we wish, without an up-to-date list.

Our congratulations to Richard Widmer (N.S.W.Br.) on his nomination to become a member of the Dental Health Foundation. Each state branch wholeheartedly endorsed his nomination and we are delighted to have him represent A.S.D.C. at future meetings of the Foundation's Council.

We have been asked by Mrs. D. Stratton CBE. to participate in the 6th International Congress on CHILD ABUSE and NEGLECT, in Sydney, August 11 - 14th, this year. Through our President, I have asked the N.S.W.Branch to handle negotiations, and I expect we will hear more details in the near future.

Dentistry for the Handicapped The president of I.A.D.C. has asked that the attention of all our members should be drawn to the 8th Congress of the International Association of Dentistry for the Handicapped to be held in BERGEN, Norway. - See below, this page.

Lastly, this is the year for the Society's 6th Biennial Convention.
It will be held in ADELAIDE, October 30,31 & November 1st.

John Keys.

---

THE 8th INTERNATIONAL CONGRESS ON DENTISTRY FOR THE HANDICAPPED, BERGEN, NORWAY. JUNE 30th - JULY 4th 1986.

Call for papers and preliminary registration.

You are cordially invited to participate in the 8th IADH-congress to be held in Bergen, Norway in 1986.

Scientific programme.
All IADH members are invited to give scientific reports at the meeting. Enclosed you will find a preliminary registration form and instructions for submitting your abstract. The reports will be given orally or as posters. There will be arranged three pre-congress seminars before the meeting. (Please see the enclosed preliminary scientific programme).

We are looking forward to welcome you in Bergen next summer.

Arne Steen Hansen
Chairman

Kari Storhaug
Coordinator, Scientific Committee

also see p. 10.

## The Abnormal Child and its Management

( A Summary of a Paper presented at a Meeting of the W.A.Branch by Ge van Ierland **)

Before the dentist can effectively and comfortably manage 'abnormal' behaviour he needs to be familiar with normal behaviour, its development and manifestations. In addition, an understanding and working knowledge of discipline and child management principles on a practical level appear essential.

This Paper was concerned with contrasting concepts of normality and abnormality; When dealing with children, abnormalities affecting behaviour are often defined by the child's environment and the people in it. That is, somehow the child's behaviour has become problematic to others rather than to the child him/herself. "Normal abnormalities" occur in every child and will be presented to dentists regularly; they include anxieties, fears, separation problems, shyness and withdrawal, aggressive outbursts, unco-operativeness, nail biting and so forth. When the dentist realises that anxiety, for example, essentially is a normal and positive emotional reaction rather than a pathological occurrence, then a constructive approach may be worked out much more readily. Anxiety may be defined as a normal, protective feeling reaction of a complex nature; it is accompanied by experiences of apprehension and dreaded anticipation; it is felt as a threat to the sufferer, without an identifiable cause or reason. The anxious child typically lacks confidence in him/herself, his/her skills and your ability to cope with him/her on both a personal and professional level; he/she feels insecure, has a debased self-image and often needs to be dependant on others; he/she especially cannot make decisions. The dentist,therefore, adopts a re-assuring approach; aims to make treatment predictable and sketches for the child a picture of what aspects of the treatment may feel, sound or taste like; the dentist will provide structure, enhancing confidence and relaxation; active participation is encouraged without confronting the child with choices.

It may be said that children, in the face of dental treatment, basically respond in one of two ways: they may reacts with avoidance or withdrawal or they may respond with acting-out behaviour.
The former tend to point to personality complications and may on the whole be more difficult to deal with initially; they include feelings of inferiority, lack of confidence, self-consciousness, shyness, aloofness, hypersensitivity, etc. Acting-out behaviour generally hint at aggressiveness of one kind or another, leading to disturbances of conduct; they include disobedience, disruptiveness, fighting, negativism, attention seeking behaviour, temper tantrums, impertinence, unco-operativeness, etc. The dentist will develop completely different treatment and management strategies to these groups.
With regard to wuthdrawing or avoiding children, the dentist's psychological approach basically is one of restraint, gentleness, kindness and patience; with the aggressive (acting-out) child the dentist's approach is characterised by firmness, control, limit-setting, authority, and energy-reducing strategies.

Generally speaking, children's treatment difficulties generate from a number of closely interrelated and interacting variables which include the child's nervous system, constitution and physique; his/her age, level of attained development and maturation; his/her intelligence, emotional state, and personality adjustment; the dentist's personality, expertise, experience and attitude; the physical aspects of treatment including the surgery and its presentation to the child; the child's family, peer-group relationships and perhaps even society (or culture) he/she grows up in.
What is very clear is the realisation that there are no clear or firm treatment principles for all 'problem' children undergoing dental treatment. At best only guidelines can be worked out and tailor made treatment strategies presented to each child.

** Ge van Ierland M.Clin.Psych.,B.Soc.Sc(Hons.) Chief Consultant Clinical Psychologist, Western Australian Health Department Psychiatric Services.

FROM THE JOURNALS with John Burrow

LOCAL VERSUS GENERAL ANAESTHESIA:A STUDY OF PULPAL RESPONSE IN THE TREATMENT OF CARIOUSLY EXPOSED TEETH.

Two procedures common to operative dentistry when treating a patients cariously exposed teeth are calcium hydroxide direct pulp capping,for permanent teeth, and the formocresol pulpotomy,for primary teeth.Both procedures are done to enhance the pulpal response by promoting physiologic accommodation of pulp exposures on affected teeth in the most conservative way possible,short of complete endodontic therapy.This study investigates whether a correlation exists between the success of conservative pulp therapy and the use of a conventional local anaesthetic ,with vasoconstrictor,and similar treatment performed under general anaesthesia.

Previous studies on animals showed that local anaesthetics affected the circulation within the pulp,producing a tansient ischaemia.With the pulp in a temporary state of circulatory compromise,the possibility of mechanical or carious exposures being unnoticed because of the absence of bleeding is increased.Similarly, to cause bleeding when the pulp's circulation is compromised,it would be necessary to cut further into the pulp than when the pulp is in its unaltered state.

General anaesthesia causes peripheral vasodilation.It follows,then,that in patients who are under general anaesthesia the dental pulp would assume its greatest possible size,pulpal exposures would occur at the earliest possible time,and the least amount of pulp area would be removed before pulp capping.

The study showed that the likelihood for success was increased for direct pulp capping and for formocresol pulpotomies in patients who were given a general anaesthetic.There was a 50% reduction in failure rates for both procedures.

(GALLIEN G.S. et al J.A.D.A.Oct.1985 111,4:599-601)

POSTERUPTIVE MATURATION OF TOOTH ENAMEL

One striking feature of a natural carious lesion is that the surface layer of enamel remains nearly 'intact' although the body of the lesion may lose most of its muneral.A gradient in the solubility of enamel mineral or in the permeability of enamel with depth makes this peculiar form of demineralization possible.

It has been hypothesized that sodium and magnesium of tooth enamel mineral are contained in separate phases more soluble than the main apatite phase.This may explain the preferential dissolution of Na and Mg during a carious attack.

Data suggest that posteruptive maturation occurs in minerals of the outer layer of enamel,then it builds a higher resistance to carious breakdown.

Apparently,two mechanisms protect the surface layer of enamel from rapid dissolution during a carious attack.First, the local permeability of enamel in the surface layer becomes extremely small after eruption.Second,minerals in the surface layer are subject to posteruptive maturation and transform to a calcium phosphate containing very little Na and Mg and exhibiting extremely low solubility of hydroxyapatite.Apparently, the second mechanism needs some time to become effective,but according to results from the present study,it should be effective from about 6 months after eruption

(DRIESSENS F.C.M. et al Caries Res. 19(5):390-395,1985)

PULP CAPPING WIYH A NEW VISIBLE-LIGHT-CURING CALCIUM HYDROXIDE COMPOSITION.

With some of of the new hard-setting formulations,bridging at the calcium hydroxide/pulp interface without inducing a visible intermediate necrotic layer has been reported,indicating an initial chemical injury less extensive than that produced by calcium hydroxide and water.A correlation between the inflammatory response and the barrier formation has been noted:the slighter the inflammation,the higher the frequency of bridging.

Prisma VLC Dycal consists of calcium hydroxide and fillers of barium sulphate dispersed in a specially formulated urethane dimethacrylate resin containing initiatore accelerators activated by visible light.This material is a one-component,light-cured material so requires no mixing.It shows dramatically improved strength and high resistance to dissolution by acid during etching procedures. The fact that this material is based on polymeric resins allows for intimate bonding between the base material and the overlying polymerizable restorative material,producing a more uniform,stronger restoration

(STANLEY H.R. Op.Dent.10.156-163.1985)

## The CLEFT PALATE CONFERENCE of Australia and New Zealand held, February 1986, at Maquarie University, Sydney.

A REPORT by Vita Luks

The organisation of the Conference was in the hands of the Cleft Palate Clinic of the Camperdown Children's Hospital. The programme was very full and covered all aspects of Cleft Palate treatment, including Genetic and Psychological Counselling. On the last day, parents of children and children who had Cleft Palate were involved in a meeting. Most States were represented in the programme, and it was an excellent way of finding out what is happening in the broad area of Cleft Palate Management. It appears that in all states in Australia, treatment is fairly similar.
The lip is repaired as early as possible, usually at 3 months of age. The palate is now repaired at 12 months of age if possible. There is minimal orthodontic treatment during the mixed dentition stage. Then, the cleft is bone-grafted just prior to the eruption of the permanent canine teeth; and the final orthodontic treatment is carried out when all the permanent teeth have erupted.

Maxillary or mandibular surgery is carried out where necessary to complete the treatment, if orthodontics alone cannot achieve this.

Speech Therapy is given great emphasis, and rightly so, since the typical 'Cleft Palate Speech' is perhaps the greatest handicap these children have to suffer

There is no doubt about the progress which has been made in the treatment of Cleft Palate in the last decade, and there are many experts working in this field now.

V.L.

---

## NOTES from the BRANCHES

### W.A.Branch.

Our final Meeting for 1985 was the Annual Dinner, held at the Sheraton - Perth Hotel. Members and their partners were treated to the entertaining after-dinner Talk from Professor Lou Landau of the University of W.A.Department of Child Health. The Talk was entitled "Food for Thought".

This was a wide ranging look at diet in general; how dietary habits have changed (not necessarily deteriorated); whether various supplements, especially vitamins, are warranted or indeed necessary; and how the average medical student has very little understanding of the role of diet in the initiation of dental disease.

Professor Des Kailis proposed the vote of thanks by saying he hoped Professor Landau and his wife, had enjoyed their time with us. The Branch had enjoyed and the after-dinner Talk, and it was to be hoped that the association between A.S.D.C. and Professor Landau would be a long and happy one.

The Office Bearers of the Branch for 1986 were confirmed:

| | |
|---|---|
| President: | Dr. Peter Gregory. |
| Vice Pres: | Dr. John Hands. |
| Commitee Members: | Assoc.Prof. Des Kailis. |
| | Dr. Theo Gotjamanos. |
| Secretary, Treasurer: | Dr. Alistair Devlin. |
| Federal Councillor: | Dr. Peter Gregory. |

Alistair Devlin.

Notes from Branches cont'd p.6

From the Branches cont'd

N.S.W. Branch

Our Annual General Meeting was held on Tuesday 19th November 1985, the Office Bearers elected are :-

| | |
|---|---|
| President: | Dr. Alain Middleton. |
| Secretary: | Dr. Lorna Mitchell. |
| Treasurer: | Dr. Gordon Hartenstein. |
| Committee member: | Dr. Richard Widmer. |
| Federal Councillor: | Dr. John Lockwood. |

The A.G.M. was followed by an interesting Round Table Discussion, led by the visiting Paedodontist, Dr. Irving Gittelman of Encino, California. Dr. Richard Widmer (Westmead), Dr.Keith Powell (United Dental Hosp.), Dr.Gordon Hartenstein (School Dental) and Dr.Lorna Mitchell (Private practice) represented views of various arms of Children's Dentistry but all the 27 members and visitors were welcome to participate, and did. The discussion was wide ranging; treatment plans for the preservation of the first permanent molar, pit and fissure sealants and subsequent reduction of caries, fluoride and the fact that the reduction of caries is not only to be attributed to fluoride.

Dr Gittelman said that in the U.S.A. the deciduous molars are restored with amalgam, and he was interested to hear Dr.Powell explain the treatment developed at the United Dental Hospital including treatment of early lesions with silver fluoride, and the making of cavities inactive and self-cleansing.

The discussion was animated and interesting. Dr. Gittelman said that a lot of interceptive orthodontics is done by Paedodontists in U.S.A.. Dr.Widmer mentioned that a great many of the patients with gross caries have to be treated under general anaesthesia in the hospital system. The use of Relative Analgesia was mentioned, Dr.Mitchell not using it in private practice, though Dr Jayasekera finds it invaluable at Westmead. Time alone put an end to the discussion.

Our first Meeting for 1986 is, Tuesday 18th March, a dinner Meeting to be held at the Glenview Inn and Function Centre, St Leonards. Our Guest Speaker will be Mr Vic Cherikoff of the Human Nutrition Unit, University of Sydney; his Topic will be the Nutritional Composition of Bush Foods with some reference to the Dental condition of Aboriginals.

Members of our Branch extend warm wishes to interstate members for a happy and successful year.

Lorna Mitchell

Queensland Branch

At the 1985 December Meeting, Dr.John McNamara adressed us on 'Current Trends in Management of Dental Trauma to the Young Dentition'. Among the many interesting points he made were:

Correct X-Ray Technique is vital, especially in the diagnosis of root fractures of anterior teeth. Often he takes six anterior PAs with lateral and vertical shifts.

The 'Cvek Partial Pulpotomy' technique was his preferred method of handling the small exposure cases in the permanent anteriors. He prefers to use a non-setting $Ca(OH)_2$ although good results are obtained with products such as 'Life'. Cvek himself is now claiming 100% success rate with his technique.
This technique is really only suitable for trauma cases - not where there is bur impingement into the pulp as this will carry debris and carious material into the pulp.

If it is necessary to extrude a tooth the tooth should be maintained in its correct position for a few months.

Fractured Roots. The apical section will invariably retain vitality and should be disregarde when carrying out root treatment.
A large proportion of root fractures require no treatment at all.

Luxation. Use a flexible splint - (eg. 'Scutan'). When repositioning - if seen soon enough - manual techniques should be sufficient, otherwise a surgical or orthodontic approach may be needed. To avoid resorption, cut off blood supply by cleaning of the root canal. $Ca(OH)_2$ should be placed in situ for at least three months and changed if there is

Q'land Br. cont'd

significant loss of this material.
For placement of $Ca(OH)_2$, John recommends use of a size 30 Neos Spiral R.C. Filler which he considers is safer and more efficient than a Lentulo type.

Final Root Filling. He prefers G.P. with either 'Seal-Apex or 'A H 26'.

At the February 1986 Meeting Dr. Arch Defteros presented two Incidents of Practice.

He demonstrated the importance of good radiographs in obtaining correct diagnosis

He discussed the surgical removal of a Compound Composite Odontome.

Dr.W. Whittle presented a series of slides entitled'Dental Caries: Disease in Decline'
This is a programme of slides assembled by Dr.Stephen Moss of New York College of Dentistry with information collected from members of I.A.D.C.; and additional data from Prof. C.E.Renson (Hong Kong) and a joint study by W.H.O. and F.D.I.; this was initially presented by Dr.Moss at the Costa Rica Congress of I.A.D.C. in February, 1985.

Bill Whittle.

S.A.Branch

The Branch is looking forward to having a goodly number of the Society's members visiting Adelaide for the 6th Biennial Convention, to be held on October 30th, 31st and November 1st.
The Venue for the Convention will be "The Townhouse", Hindley Street. It is right in the heart of the City and has excellent facilities for our requirements.
The 'Guest Lecturer' for the Convention will be Dr.Richard Jennings DDS,MS., a Paedodontic Specialist from Oklahoma, U.S.A.

Many will already know that 1986 is the year of the State's 150th Birthday, and with the 'Festival' already under way, it looks as though it really will be the "Festival State" for the whole year.
AS well as our own Convention, there will be numerous celebrations and functions taking place in Adelaide during that week, among them the Grand Prix Motor Race,

S.A. cont'd

and a Schutzenfest, so some of our visitors may wish to combine a lively holiday with their attendance at the Convention.

Our first Meeting for the year, on Feb. 18th, was held at the University of Adelaide Club. It was good to be together again after the holiday break, and the evening was a great success.
Our Guest Speaker was Senior Sergeant Des Morrisey, who is the Chief of the S.A.Police Drug Squad.
Sergeant Morrisey explained how the Drug Squad was instituted in 1969, with two members, and now has 25 members of strictly screened and experienced police officers. It appears that the illegal use of drugs has only become a social problem during the last 20 years and now it has become overwhelming.

The Squad is mainly concerned with apprehending drug pushers, processors and growers. The use of Canabis is almost socially acceptable, but evidently it often leads to the use of "hard" drugs such as Hashish, Heroin and Cocaine.
Des covered all aspects of the drug scene, and even brought a bag of samples for us to inspect. He had to explain to us how they were used, as most of us did not know how one uses 'Buddha sticks'.

Even though we laughed at the humourous anecdotes with which Des interspersed his Talk, we were sadly impressed by the amount of unhappiness and tragedy that drug use has brought to many individuals and families in this State.

We felt fortunate to have been able to discuss this grave social problem with someone who is so intimately involved with those trying to solve it.

Vita Luks.

Notes from the Branches
cont'd p.8

**The production of this Newsletter has been assisted by Colgate Palmolive Pty. Ltd.**

Victorian Branch

The Branch held its Annual General Meeting and election of Office Bearers for 1986 on Friday November 22nd, 1985, at the home of Dr.James Lucas. This was a most enjoyable windup to our branch activities for the year.

Office Bearers for 1986 are :-

President: Dr. Gordon Hinrichsen
Vice Pres: Dr. Yvonne Brown
Sec./Treas: Dr. Christopher Olsen

Federal
Councillor: Dr.James Lucas.

The Branch is gearing up for a full year with a programme of varied Dinner Meeting Topics and a Clinical Meeting Day in September.
The Annual Clinical Meeting Day has the theme'Excellence in Children's Dentistry'.

Our first Dinner meeting was held on Thursday February 27th when we were addressed by Dr.Keith Waters of the Department of Haematology & Oncology, Royal Children's Hospital, Melbourne, who spoke on the interface of Haematology and Oncology with Children's Dentistry and illustrated dental manifestations of various conditions with a series of slides.

Initially the Leukaemias were discussed and their signs and symptoms were highlighted. The Myeloid Leukaemias in particular, may present with unexplained gingival hypertrophy. Chloromas may be seen in the eyes, which are clumps of Myeloid Leukaemic cells with a characteristic greenish tinge. Mouth ulceration is a common side effect of Immunosuppresive therapy used in the treatment of Leukaemias.
The Acute Lymphocytic Leukaemias (A.L.L.) today have a good prognosis in children with a 50 - 60% cure rate; whereas the Acute Myeloid Leukaemias (A.M.L.) have only a 20% cure rate.
The Neutropaenias were then described, which involve both a decreased neutrophil count and white cell count. They may present with recurrent mouth ulceration, periodontal complications, Otitis media and Mastoiditis. At present there is no cure and each episode must be treated. Cyclic Neutropaenias additionally involve a 28-35 day cycle with mouth ulceration as the neutrophil count drops.

Children suffering from Neutropaenias have a predisposition to Funfal infection, both because of the decreased neutrophil count and also because of antibiotic therapy. It was recommended that any patient suffering recurrent ulceration be given Full Blood Examinations.

Tumours of the Oral region were briefly outlined, together with the side effects of Radiation Therapy which may retard growth in children and cause Xerostoma. The tendency of some health professionals in past years to encourage patients to suck sweets to increase salivary flow - (and dental caries) - was condemned.

Dr.Waters then discussed disorders of platelet function which may present as Nose bleeds and Mouth bleeds,together with changes in the treatment of Haemaphilia and Thalassaemia Major over the past decade. In particular, the use of the Iron-Chelating Compound 'Desferroxamine' to prevent the side effects of haemosiderosis, caused by the need for multiple blood transfusions has revolutionized the treatment of Thalassaemia and markedly increased the life expectancy of suffers.
Finally a brief mention was made of precautions against the transmission of Hepatitis B and A.I.D.S.

Dr.Waters concluded his excellent Talk with a plea for all healthy people from 18 - 65 years in low risk categories to become Blood Donors.

Chris Olsen.

Tasmanian Branch

The Branch will hold its Annual Genral Meeting on 21st March, in Ulverstone, when Office Bearers for 1986 will be elected.

The A.G.M. will be followed by a Dinner Meeting with Dr. Felix Goldschmeid as our Guest Speaker - his subject will be "Removable Appliances in Children's Dentistry".

Tien Sanggasurya.

LETTERS to the Editor

From John Keys, Queensland Branch;

Dear Editor,

At the beginning of a new year, it is time to reflect on the state of our branch of dentistry.

Caries rate is continuing to fall (except perhaps in the pre-school area), and more and more parents are accepting public and pre-paid type treatment for their children.

From the information I have received from very many sources, dentists who treat children are looking at, and slowly moving into, the previously sacrosanct area of orthodontics.

Up to recently, it seemed to be generally accepted by our profession that our basic Dental Degree from Australian Dental Schools allowed us freely to practice all forms of dentistry, except - dare I say it - orthodontics.

This present atmosphere - lack of restorative dental problems and an almost premeditated lack of knowledge about skeletal growth and development has led to a sense of frustration.

One American overseas lecturer in particular has been very popular because he is producing the goods - filling the vacuum in our knowledge and expertise on treating obviously present and deteriorating dental problems. But, overseas lecturers are a very expensive, and not the best, way of improving what should be basic in our education

These problems are picked up very early by the General Dental Practitioner, and rather than being able to treat and prevent the problem from worsening, he has been forced, in the majority of cases, to watch the problem deteriorate until an orthodontist is prepared to accept and take on the case.

This is the treatment area, where dentistry for children is heading, and I believe that all the Branches of our Society should take steps to ensure that our members obtain the best 'continuing' education in this important, but previously neglected, aspect.

In this way we will become competent in selecting the cases we are able to treat, and isolating them from the cases that need treatment by an orthodontic specialist.

Yours sincerely

John Keys

# THE 8th IADH-CONGRESS, BERGEN, JUNE 30th – JULY 4th 1986

**Programme:**

| | | |
|---|---|---|
| **Monday June 30th:** | Morning<br>Afternoon | Arrival – registration<br>Council-meeting |
| | Evening | Get-together party, Grand Café. |
| **Tuesday July 1th:** | Morning<br>Afternoon | Arrival – registration<br>Pre-congress seminars (3) |
| | Evening | Reception at Sjøfartsmuseet.<br>(Host: City of Bergen). |
| **Wednesday July 2nd:** | 09.00 | Opening session. |
| | 09.30 | "The disabled patient and society". |
| | 10.00 | Coffee/Tea. |
| **MORNING SESSION:** | 10.20–12.30 | **GENETIC DISEASES AND DENTISTRY.** |
| | 10.20 | *Gunnel Bøchman:* Genetics today. |
| | 10.50 | *Per Rasmussen:* Genetics and conditions with relevance to oral health and dental treatment. |
| | 11.30–12.30 | Papers related to topics. (10 min. + 5 min. discussion after each presentation). |
| | 12.30–14.00 | Lunch. |
| | 14.00–15.30 | Papers related to topics. Poster presentation.<br>Films/Video. 2–3 parallell sessions. |
| | 15.30–16.00 | Coffee/Tea. |
| | 16.00–18.00 | General Assembly. |
| | Evening: | Boat-trip on the fjord.<br>(Host: County of Hordaland). |
| **Thursday July 3th:** | | |
| **MORNING SESSION:** | 09.00–12.30 | **DRUGS AND ORAL DISEASES.** |
| | 09.00 | *J. Pindborg:* "Pharmacotherapy and consequences for oral health and dental treatment". |
| | 10.00–11.00 | Papers related to topics. |
| | 11.00 | Coffee/Tea. |
| | 11.15–12.30 | Reports from pre-congress seminars.<br>General discussion. |
| | 12.30–14.00 | Lunch. |
| **AFTERNOON SESSION:** | 14.00–16.00 | **CHEMICAL PLAQUE CONTROL.** |
| | 14.00 | *Per Gjermo:* Use of Chlorhexidine in preventive dentistry for disabled patients. |
| | 14.45–16.00 | Papers related to topics. |
| | Evening: | Banquet. (Håkonshallen). |
| **Friday July 4th:** | | |
| **MORNING SESSION:** | 09.00 | Council-meeting. |
| | 10.00–12.30 | Free papers. |
| | 12.30–14.00 | General meeting.<br>Closing session. |
| | 14.00 | Lunch. |

# PRE-CONGRESS SEMINARS.

**Tuesday July 1st 1986**

## 1. BEHAVIOURAL MANAGEMENT.

Sedation – physical restraints – general anaesthesia.

A main speaker will focus on the effects of physical force and restraints on adults and children.

Responsible for the seminar: Swedish section of NFH with Anna-Lena Hallonsten as coordinator.

## 2. MULTIPROFESSIONAL COOPERATION.

Key words: Communication – attitudes – interpretation – behaviour – need for multiprofessional cooperation with:
Doctors, nurses, occupational therapists, physiotherapists, dieticians, lay-organisations.

Responsible for the semminar: Danish section of NFH with Bjørn Russell as coordinator and Kari Storhaug from the Norwegian section of NFH.

## 3. PREVENTION OF DENTAL DISEASES.

Key words: Methods – means – human resources – attitudes to dental health in populations and amongst dental health personell – how to utilize changes in attitudes to improve dental health for the handicapped patients – how to promote changes in attitudes amongst parents – patients – personell in institutions.
Main speakers: Anna Karin Holm and Ola Haugejorden.

Responsible for the seminar: Norwegian section of NFH with Bjarne Svatun as coordinatior.